

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYED REPORT

This report is mandatory under P.L. 85-237 as amended. Failure to comply may result in: ... cution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>3021</u> <u>N/A - INITIAL FILING</u>	2. Fiscal Year Covered From: <u>07/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>JOHN J. SABALIAUSKAS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2 WALNUT LANE</u> City <u>BUTLER</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07405</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL UNION #102, IBEW</u> Labor Organization File Number <u>004-017</u> P.O. Box, Building and Room Number, if any <u>1355</u> Street <u>3695 HILL ROAD</u> City <u>PARSIPPANY</u> State <u>NJ</u> ZIP Code + 4 <u>07054</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>N/A</u> City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John Sabaliauskas</u>	On <u>7/6/05</u> Date	<u>(973) 838-1786</u> Telephone Number

FORM LM-30 ATTACHMENT

Part C

13a	13b	14a	14b
Name + Address	E = Employer C=Consultant	Nature of Payment	Amount of Payment
NOTHING TO REPORT			